

This box office use only.

Application # _____
Today's Date _____
2018-2019 School Year

Date Application Received _____

Registration Fee \$50 pd: ca _____ ck# _____

August Tuition: \$125 pd: ca _____ ck# _____

Attend: Please check one

3 Day _____

5 Day _____

Registration Form 2018-2019

First United Methodist Church

Pre-Kindergarten

100 W. Liberty Street

Washington, GA 30673

706-678-7116

Tuition is as follows:

\$125 a month

You may pay monthly (\$125), 5 months in advance (\$625) or 10 months in advance (\$1,250)

You may send your child 3 or 5 days a week, but there will only be the one fee.

Tuition is due by the 5th of each month. After the 5th there is a \$5 late fee.

Transportation is offered to those who need:

Cost is \$30 a month

\$50 deposit and August tuition due at time of registration. You will not receive deposit back, but tuition you will be able to receive back up until July 2. After July 2 no tuition will be refunded.

1. Child's Name _____ Date of Birth _____ Sex: Male/Female

Name Child is called _____ Age at 9/1/18 _____

Child's Address _____ Home Phone# _____

2. Who does the child live with? _____

Father's Name _____ Email _____

Father's Place of Employment _____ Work Phone _____

Father's Cell Phone _____ Best Way to Contact: phone/email/text

Mother's Name _____ Email _____

Mother's Place of Employment _____ Work Phone _____

Mother's Cell Phone _____ Best Way to Contact: phone/email/text

3. Family Church Preference _____ Member _____

4. Persons in your household (other than child)

Name Date of Birth Relationship to Child

5. Transportation to and/or from Daycare Providers within the Washington City Limits (additional expense)
_____ Yes, My child will need transportation in the _____ Morning _____ Noon _____ Both
Name, Address and Phone Number of Daycare _____
_____ No, My child will not need transportation

6. Emergency Contacts: List the name and numbers of persons (other than parents who can be contacted in case of an emergency):

<u>Name</u>	<u>Phone #1</u>	<u>Phone #2</u>	<u>Relationship to Child</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

7. Does your child have any medical conditions, special needs or food allergies? If yes, explain: _____

8. Agreement

I agree in the event of an accident or the illness of my child while at school, if I cannot be immediately contacted, the personnel of the Washington First United Methodist Church Pre-Kindergarten are authorized to use their discretion in obtaining medical assistance for my child.

_____ Yes _____ No

Signature _____ Date _____

If possible the school should contact our child's physician:

Doctor _____ Phone Number _____

This completed registration form and the paid registration fee will enroll your child in the First United Methodist Church Pre-Kindergarten for the 2018-2019 school year. The following things are required before your child can attend: THE CHILD MUST BE POTTY TRAINED AND WE MUST RECEIVE A CURRENT GEORGIA IMMUNIZATION FORM #3231 (TO BE TURNED IN TO TEACHER OR CHURCH OFFICE BY FIRST DAY OF SCHOOL.

Please sign and date the registration form below

Signature _____ Date _____